

**CERTIFICATE OF FACSIMILE TRANSMISSION  
UNDER 37 CFR §1.8**

**RECEIVED  
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JUL 10 2006**

ATTN: Mail Stop Amendment  
Facsimile number: 571-273-8300  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

on July 10, 2006 Total Pages including this sheet: 16

Rhonda Zaffino  
Rhonda Zaffino

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In Re Application of:**


	Roback et al.	Confirmation No.:	2039
		Group Art Unit:	1743
Serial No.:	10/602,981	Examiner:	Cross, Latoya I.
Filed:	06/24/2003	Docket No.:	50508-1031
For:	<b>Immunological Assay System and Method</b>		

The following is a list of documents enclosed:

**Amendment Transmittal Letter  
Petition for One Month Extension of Time  
Credit Card Form PTO-2038 in the amount of \$60.00  
Response (with Amendments)**

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

JUL 10 2006

<b>AMENDMENT TRANSMITTAL LETTER (SMALL)</b>				Docket No.  50508-1031	
Applicant(s): Roback et al.					
Serial No. 10/602,981	Filing Date 06/24/2003	Examiner Cross, Latoya I.	Confirmation No. 2039	Group Art Unit 1743	
Invention: Immunological Assay System and Method					
Commissioner for Patents Mail Stop Amendment P.O. Box 1450 Alexandria VA 22313-1450					
Transmitted herewith is a Response (with Amendments) in the above-identified application.					
The fee has been calculated and is transmitted as shown below					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	35 -	46 =	0	X \$50.00	\$0
INDEP. CLAIMS	4 -	4 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$360.00
EXTENSION FEE	1 <sup>ST</sup> MONTH <input checked="" type="checkbox"/> \$60.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$225.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$510.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$795.00	\$60.00
Other Fees:					\$0
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$60.00</b>
<input type="checkbox"/> No additional fee is required. <input type="checkbox"/> Please charge Deposit Account No.                      In the amount of                      . A duplicate copy of this page is enclosed. <input type="checkbox"/> A check in the amount of                      to cover the filing fee is enclosed. <input checked="" type="checkbox"/> A Credit Card Payment Form PTO-2038 is attached in the amount of \$60.00. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.					
 Cynthia J. Lee, Reg. No. 46,033			07/10/06 Date		